Designed to Facilitate Maximum Bone Volume Retention.

Endobon® Xenograft Granules

Regeneration by Design

Impladend
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ZimVie

EndobonXenograft Granules

Designed to Facilitate Maximum Bone Volume Retention

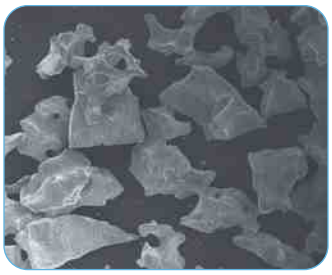
Endobon Xenograft Granules adhere to one another when hydrated for easy transfer to the defect site.

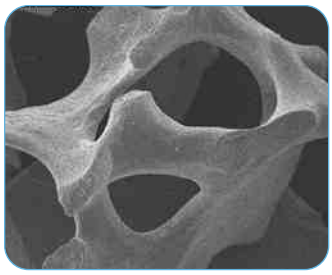
Small Granules

500–1000 µm particle size preferred for grafting smaller defects, such as extraction sockets.

LargeGranules

1000–2000 µm particle size preferred for grafting large defects, such as sinus elevations.





SEM images of Endobon Xenograft Granules at 20x and 100x showing the micro and macro pores in the particles.

Conveniently Packaged in Easy-to-Open Dishes.

Value Packs (5 ml and 8 ml) are individually packaged in 1 ml containers for single-unit dosing.

ABone Graft Substitute

- Bovine-derived hydroxyapatite that has been fully deproteinized by a two-step, high temperature process for protection from bacteria, viruses, and prions
- An essentially non-resorbable material that is ideally suited for regeneration of bone defects when effective space maintenance is required
- Osseoconductive due to the interconnecting micro and macro pores for bony integration, which facilitate graft stability and vascular ingrowth[1]

Indications

Endobon Xenograft Granules are indicated for the following dental and/or oral surgical procedures:

- Alveolar ridge augmentation/reconstruction
- Filling a socket after tooth extraction
- Sinus elevation

1. Hing KA, Best SM, Bonfield W. Characterization of porous hydroxyapatite. J Mater Sci Mater Med. 1999 Mar;10(3):135-45.

Anterior Ridge Augmentation

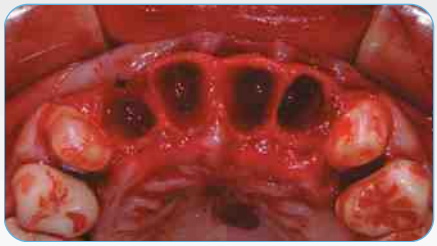


Fig. 1. Extraction sockets of the four maxillary incisors and immediate implant placement.

Fig. 2. Grafting with Endobon Xenograft Small Granules covered by an OsseoGuard® Resorbable Collagen Membrane.

Fig. 3. The soft-tissue flaps were closed and sutured.

Fig. 4. Clinical appearance of soft tissue showing excellent soft-tissue healing after four months.

Fig. 5. Clinical appearance of the regenerated site at four months, after removing the remnants of the membrane.

Fig. 6. Occlusal view after four months.

Post-Extraction Defects in the Aesthetic Zone

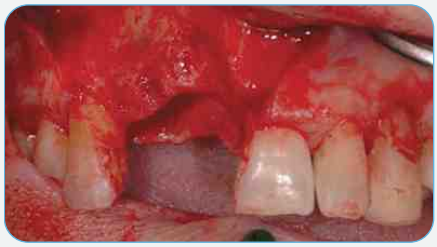


Fig. 7. Post-extraction defects in the maxilla right central and lateral incisor area.

Fig. 8. Occlusal view of the extraction site defec ts.

Fig. 9. Facial view of dehiscence defects after implant placement.

Fig. 10. Occlusal view of implants and defects.

Fig. 11. Grafting with Endobon Xenograft Small Granules covered by an OsseoGuard Resorbable Collagen Membrane.

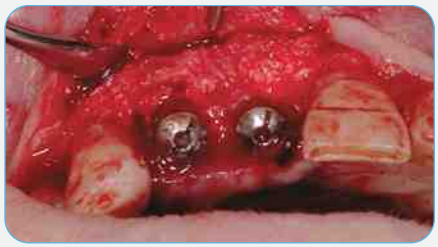


Fig. 12. Regeneration at four months after removing the remnants of the membrane.

Clinical Images Provided By: Dr. Xavier Vela†, Barcelona, Spain

† Dr. Xavier Vela has a financial relationship with ZimVie Dental resulting from speaking engagements, consulting engagements, and other retained services.

Two Year Histology

Fig. 1. Histologic core of the regenerated bone showing that the Endobon Xenograft Granules integrated with newly formed bone.

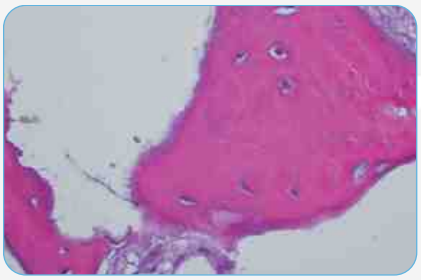


Fig. 2. At 40x magnification, note the newly formed bone (violet) and mature bone (pink) that surround the Endobon Xenograft Granules (white).

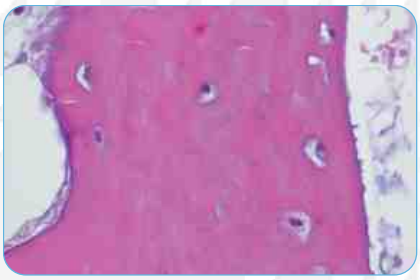


Fig. 3. At 60x magnification, lamellar bone is well formed.

Ordering Information

Endobon Xenograft Granules

Catalog #	Volume	Particle Size
Small Granules		
ROX05	0.5 ml	500–1000 µm
ROX10	1.0 ml	500–1000 µm
ROX20	2.0 ml	500–1000 µm
Large Granules		
ROXLG20	2.0 ml	1000–2000 µm
ROXLG50	5.0 ml*	1000–2000 µm
ROXLG80	8.0 ml*	1000–2000 µm

* Indicates a value pack. Value packs consist of multiple units of 1.0 ml each (5 units or 8 units respectively).

For more information, visit ZimVie.com

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